

# APPLICATION DATA SHEET

## Application Information

Application number::  
Filing Date:: January 17, 2002  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: Yes  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title :: SPHINGOSINE-1-PHOSPHATE LYASE  
POLYPEPTIDES, POLYNUCLEOTIDES AND  
MODULATING AGENTS AND METHODS OF  
USE THEREFOR  
Attorney Docket Number:: 200116.402C2  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

20053510 011702

### First Applicant Information

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Julie  
 Middle Name:: D  
 Family Name:: Saba  
 Name Suffix::  
 City of Residence:: Oakland  
 State or Province of Residence:: CA  
 Country of Residence:: US  
 Street of mailing address:: 6630 Banning Drive  
 City of mailing address:: Oakland  
 State or Province of mailing address:: CA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 94611

### Second Applicant Information

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Denmark  
 Status:: Full Capacity  
 Given Name:: Henrik  
 Middle Name::  
 Family Name:: Fyrst  
 Name Suffix::  
 City of Residence:: Alameda  
 State or Province of Residence:: CA  
 Country of Residence:: US  
 Street of mailing address:: 1411 Grant Street, #3

10053510.011702

City of mailing address:: Alameda  
 State or Province of mailing address:: CA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 94501

### Correspondence Information

Correspondence Customer Number :: **00500**

### Representative Information

Representative Customer Number::		<b>00500</b>
----------------------------------	--	--------------

### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/356,643	07/19/99
09/356,643	Continuation-in-part of	08/939,309	09/29/97

20470"075500T

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name::	Children's Hospital Oakland Research Institute
Street of mailing address::	747 Fifty Second Street
City of mailing address::	Oakland
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94609-1673

(JAU:cew) #249483

1005510-01102